## 2001 UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE TALLAHASSEE FLORIDA DOCUMENT # F99000002869 1. Entity Name 01 JUN 21 PM 1:56 HALLMARK HOLDINGS, INC. Principal Place of Business Mailing Address 6300 S. SYRACUSE WY #300 6300 S. SYRACUSE WY #300 ENGLEWOOD CO 80111 ENGLEWOOD CO 80111 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 36-2669560 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State CR2E034 (11/00 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. X Delete TITLE TITLE Change PRANN, JOHN R. JR. NAME NAME 6300 S. SYRACUSE WY #300 STREET ADDRESS STREET ADDRESS CITY - ST - Z!P ENGLEWOOD CO 80111 CITY - ST - ZIP Delete TITLE TITLE X Change Addition BARATTA, ROBERT M. BARATTA, ROBERT M. NAME NAME 6300 S. SYRACUSE WY #300 6300 S. SYRACUSE WY #300 STREET ADDRESS STREET ADDRESS ENGLEWOOD CO ENGLEWOOD CO CITY - ST - ZIP 80111 CITY - ST - 21P 80111 100004445421 Addition  $\mathtt{DVP}$ TITLE Delete TITLE TURCOTTE, GLENN W. NAME NAME 6300 S. SYRACUSE WY #300 -06/28/01--01028--030 STREET ADDRESS STREET ADDRESS ENGLEWOOD CO 80111 CITY - ST - 7/P \*\*\*\*550.00 \*\*\*\*550.00 CITY - ST - ZIP TITLE TITLE Change Addition MILLER, ARTHUR R. NAME NAME 100004449421-STREET ADDRESS 6300 S. SYRACUSE WY #300 STREET ADDRESS -06/28/01--01028--031 CITY - ST - ZIP ENGLEWOOD CO 80111 CITY - ST - ZIP \*\*\*\*\*\* 3 \_ <u>3</u>□ \*\*\*\*\* TITLE TITLE Change NICHOLSON, STEPHEN P. NAME NAME 6300 S. SYRACUSE WY #300 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP ENGLEWOOD CO 80111 CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP

STF FL32381F.1

SIGNATURE: -

STEPHEN P. NICHOLSON

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #